



# COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

January 12, 2012

## ADDENDUM No. 2 TO VENDORS:

**Reference Request for Proposal: RFP 2012-08**

**Dated:** December 16, 2012

**Due:** January 27, 2012

Below are updates that may delete, add, modify or clarify certain aspects of the aforementioned RFP. Please incorporate as necessary.

- 1) See Attachment 1 for the Department of Medical Assistance Services response to questions/inquiries as submitted by potential Offerors.
- 2) BHO RFP Statistics – Under 19

A signed acknowledgment of this addendum must be received by this office either prior to the due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,

*Christopher M. Banaszak*  
DMAS Contract Manager

Name of Firm: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_

4.13.8 RFP Transition Plan Page 72-73	Is the intent that the current vendor discontinue all services upon the new implementation date, including management of individuals in higher levels of care on the transition date and any claims processing activities for dates of services prior to the new effective date? Is there an expectation that the new Contractor will be required to reconcile payments made prior to the new contract effective date that were not approved in VaMMIS? Please provide an estimate of the number of records in the file and the approximate record size.	<p>The new vendor will receive 3 years of data from the MMIS, to include service authorizations and the status of those authorizations (ie: approvals, denials). The new vendor will honor all service authorizations active beyond June 30, 2012. The vendor must be able to modify an existing service authorization upon request from a provider as needed. Upon the active service authorization end date, if the member continues to be in need of services, the provider will contact the new vendor for re-authorization of the service. Since the new vendor will have historical information from the MMIS, the providers may submit their claims through the new vendor's systems. Timely filing rules apply with the new vendor. The current vendor does not manage individuals in higher levels of care.</p> <p>Clarification is needed for the question regarding reconciliation to payments made prior to the new contract effective date.</p> <p>The record size varies and will be shared with the successful bidder.</p> <p>As of 01/01/2012 the number of unduplicated recipients utilizing service authorization is 17,739. Of these, 97% have one authorization on file that spans past 7/1/2012; the remaining 3% have more than one authorization on file. The volume of Service Authorizations that span across 7/1/2012 are as follows:</p> <table><tr><td>Service</td><td>Unique Service Auth numbers spans past 7/1/2012*</td></tr><tr><td>CMHRS</td><td>15,753</td></tr><tr><td>TFC-CM</td><td>400</td></tr><tr><td>OP Psych</td><td>3,039</td></tr><tr><td>SA</td><td>9</td></tr><tr><td>RTC</td><td rowspan="2">Service authorization is for a short duration and therefore, there are no authorizations spanning past 7/1/2012. As of 01/01/2012 there are 509 individuals receiving services.</td></tr><tr><td>Inpatient Psych</td></tr></table> <p>* These may have multiple lines under the unique service auth number. A portion of these may be denials. Data is as of 01/01/2012.</p>	Service	Unique Service Auth numbers spans past 7/1/2012*	CMHRS	15,753	TFC-CM	400	OP Psych	3,039	SA	9	RTC	Service authorization is for a short duration and therefore, there are no authorizations spanning past 7/1/2012. As of 01/01/2012 there are 509 individuals receiving services.	Inpatient Psych
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78 4.18.5 Data Validation Edits and Audits Page 79	Claims History - Please provide an estimate of the number of records in the file and the approximate record size.	Please refer to Attachment XVII. The record size varies and will be shared with the successful bidder.													

79	4.19.7 Encounter Claims Data Submission Page 83	Please provide the definition(s) of a 'fatal error.'	A fatal error is an encounter that fails one or more critical edits in MMIS.
80	Attachment Iia Page 136	Substance Abuse Services listed in Attachment Iia are referenced as registration only. However, in Section 4, they are shown as new inclusions requiring an initial and concurrent authorization. Please clarify what is required for Substance Abuse Services.	Please refer to Attachment Iia for substance abuse services that require service authorization.
81	Appendix XVII Page 162	In the Claims Processed table, is it possible to add the Average Length of Stay or Average Number of Sessions by service?	The information is currently not available but will be provided at a later time to the successful bidder.
82	Appendix XVII Page 165	The RFP requests a separate PMPM rate for the Pediatric and Adult populations. The detailed utilization tables provided in attachment XVII of the RFP combines the two populations into one total. Is it possible to split the data in the six tables in tables into Pediatric and Adult?	The pediatric data is available for annual expenditures, reimbursed billing providers and annual unduplicated recipients. This information is available at <a href="http://dmasva.dmas.virginia.gov/Content_pgs/obh-home.aspx">http://dmasva.dmas.virginia.gov/Content_pgs/obh-home.aspx</a> as RFP Pediatric Statistics Table 1. The remaining data identified in Attachment XVII is not available by age group at this time and will be shared with the successful bidder.
83		What are the expectations of the Contractor to manage pharmacy related activities?	To ensure effective and timely care coordination, the BHSA is expected to coordinate and share (send and receive) any relevant pharmacy information in an agreed upon format with the MCOs and the DMAS pharmacy vendor. Offerors should describe how they plan to coordinate behavioral health and pharmaceutical services with the member's other insurance plans.
84		When is the final network to be submitted and when are providers to be re-credentialed?	The preliminary network submitted by January 27, 2012, and can include letters of intent from participating service providers. The final network shall be submitted to DMAS by May 1, 2012.
85		We understand that the Department expanded managed care in the Roanoke Alleghany region on January 1, 2012. Can you share how the managed care	Yes, effective January 1, 2012, DMAS expanded managed care participation in Roanoke and Alleghany (RA) region. For a list of the localities that make up the RA region, see the DMAS website at <a href="http://dmasva.dmas.virginia.gov/Content_attachments/mc-mc-ronk010112.pdf">http://dmasva.dmas.virginia.gov/Content_attachments/mc-mc-ronk010112.pdf</a> .



	expansion impacts the enrollment information reflected in table one of the RFP?	6 MCOs serve the RA region: Amerigroup Community Care Anthem HealthKeepers Plus offered by HealthKeepers Inc. Southern Health CareNet MajestaCare-A Health Plan of Carilion Clinic Optima Family Care Virginia Premier Health Plan																								
		Based upon the January 2012 Managed Care Enrollment report, enrollment is as follows: <table><tr><td colspan="2">Managed Care Participation in Medicaid and FAMIS Programs as of January 1, 2012*</td></tr><tr><td><b>Total Enrolled in Medicaid</b></td><td><b>886,197</b></td></tr><tr><td>Total Enrolled in Medicaid Fee-For-Service (FFS)</td><td>276,289</td></tr><tr><td>Total Enrolled in Medicaid Managed Care Programs (Medallion II and MEDALLION PCCM)</td><td>609,908</td></tr><tr><td>Total Enrolled in MEDALLION PCCM</td><td>43,755</td></tr><tr><td>Total Enrolled in Medallion II</td><td>566,153</td></tr><tr><td><b>Total Enrolled in FAMIS</b></td><td><b>64,658</b></td></tr><tr><td>Total Enrolled in FAMIS FFS</td><td>7,046</td></tr><tr><td>Total Enrolled in FAMIS MCOs</td><td>45,467</td></tr><tr><td>Total Enrolled in FAMIS PCCM</td><td>1,145</td></tr><tr><td><b>Total Enrolled in Medicaid and FAMIS</b></td><td><b>950,855</b></td></tr><tr><td colspan="2"><b>*Source – Managed Care Enrollment Report</b></td></tr></table>	Managed Care Participation in Medicaid and FAMIS Programs as of January 1, 2012*		<b>Total Enrolled in Medicaid</b>	<b>886,197</b>	Total Enrolled in Medicaid Fee-For-Service (FFS)	276,289	Total Enrolled in Medicaid Managed Care Programs (Medallion II and MEDALLION PCCM)	609,908	Total Enrolled in MEDALLION PCCM	43,755	Total Enrolled in Medallion II	566,153	<b>Total Enrolled in FAMIS</b>	<b>64,658</b>	Total Enrolled in FAMIS FFS	7,046	Total Enrolled in FAMIS MCOs	45,467	Total Enrolled in FAMIS PCCM	1,145	<b>Total Enrolled in Medicaid and FAMIS</b>	<b>950,855</b>	<b>*Source – Managed Care Enrollment Report</b>	
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86	Are there any additional Managed Care Expansion initiatives planned?	As referenced in question #74, the answer is yes. The Department plans to expand the Medallion II program both geographically and to additional populations. The next geographical expansion is planned for the Far South Western region of the Commonwealth for July 1,2012. The Department is currently reviewing network submissions from interested MCOs. With this expansion, the MEDALLION PCCM program will end, and these PCCM members (approximately 45,000) will be served through the Medallion II Program. During the Fall of 2012, the Department also plans to expand the Medallion II program to include individuals participating in certain home and community based care waivers (HCBW). Since 2007, members already MCO-enrolled who then become eligible for HCBW programs, except for the Technology Assisted Waiver, have remained in their MCO for acute care services (approximately 2,000). DMAS plans to transition approximately 5,000 remaining MCO eligible waiver individuals (except those in the technology assisted waiver) to the MCO for coverage of their acute care services.																								

			Additional information on managed care expansions will be posted, as it becomes available, on the DMAS website at: <a href="http://dmasva.dmas.virginia.gov/Content_pgs/mc-home.aspx">http://dmasva.dmas.virginia.gov/Content_pgs/mc-home.aspx</a>
33	4.1.2 Health Care Reform/ Eligibility Increases Page 35	Will the additional enrollees be provided to the Contractor via electronic updates in the daily enrollment (update) files? Please provide an estimate of the number of records in the file and the approximate record size.	<b>CORRECTED RESPONSE:</b> Enrollment updates are currently transmitted in a weekly full file. DMAS will work with the vendor to provide the necessary eligibility information should there be an increase in eligible populations in 2014. The manner in which the information is transmitted may vary from the current process. However, it is premature to determine how this will occur or the size of this file at this time.

# BHO RFP Statistics - Under 19

Data for members under 19 on the date of service\*

RFP#	DESCRIPTION	Annual Expenditures				Reimbursed Billing Providers				Annual Unduplicated Recipients			
		FY09	FY10	FY11	FY11	FY09	FY10	FY11	FY11	FY09	FY10	FY11	FY11
A.1	Crisis Intervention	\$1,477,481	\$1,827,145	\$1,892,375		47	49	45		3,118	3,463		
A.2	Crisis Stabilization	\$2,272,708	\$2,220,050	\$3,648,147		14	14	19		189	185		279
A.3	Day Treatment/Partial Hospitalization Services for Adults	\$69,880	\$181	\$1,703		2	1	1		29	1		4
A.4	Intensive Community Treatment	\$37,220	\$54,574	\$15,406		9	11	9		68			32
A.5	Intensive In Home Services	\$147,707,998	\$176,051,525	\$129,090,841		215	282	314		20,023	24,205		19,999
A.6	Mental Health Case Management	\$35,156,365	\$39,867,648	\$45,177,558		42	43	42		16,776	18,605		20,745
A.7	Mental Health Support Services	\$5,723,555	\$8,954,136	\$11,435,491		83	130	169		1,286	1,981		2,031
A.8	Opioid Treatment	\$0	\$0	\$0		-	-	-		-	-		-
A.9	Psychosocial Rehabilitation	\$14,708	\$35,424	\$66,366		12	17	21		16	36		78
A.10	Residential Substance Abuse Treatment for Pregnant & Post Partum Women	\$0	\$14,760	\$1,680		-	1	1		-	104		91
A.11	Substance Abuse Case Management	\$31,135	\$25,339	\$30,855		11	12	8		102			
A.12	Substance Abuse Crisis Intervention	\$775	\$2,000	\$3,556		3	2	5		5			24
A.13	Substance Abuse Day Treatment	\$0	\$518	\$0		-	1	1		-	10		1
A.14	Substance Abuse Day Treatment or Pregnant & Post Partum Women	\$0	\$0	\$0		-	-	-		-	-		-
A.15	Substance Abuse Intensive Outpatient Treatment	\$18,378	\$26,639	\$30,247		4	8	8		61	58		61
A.16	Therapeutic Day Treatment for Children & Adolescents	\$111,489,333	\$143,690,514	\$164,525,322		250	331	376		12,142	16,946		18,813
B.1	Community-Based Residential Level A	\$4,173,584	\$4,679,540	\$4,315,812		45	37	32		258	283		280
B.2	Community-Based Residential Level B	\$16,027,395	\$16,082,831	\$13,040,760		90	86	75		790	799		687
B.3	Residential Treatment Facility	\$88,956,144	\$86,206,038	\$81,592,857		27	29	30		1,727	1,727		1,688
C	Treatment Foster Care Management	\$3,129,636	\$3,383,159	\$3,118,749		61	64	65		1,432	1,393		1,327
D.1	Inpatient Psychiatric Hospital Services - General Acute Hospital	\$4,648,437	\$5,149,107	\$5,747,101		34	35	35		1,012	1,075		1,191
D.2	Inpatient Psychiatric Hospital Services - Freestanding Psych Hospital	\$3,409,705	\$3,218,126	\$3,354,390		10	11	9		677	706		668
E	Outpatient Psychiatric Services	\$12,323,891	\$12,139,611	\$13,081,704		976	949	975		19,988	20,573		22,237
F	Outpatient Substance Abuse Services	\$48,013	\$72,383	\$57,251		25	26	31		181	221		237
G	Multisystemic Therapies	\$44,081	\$410,063	\$2,404,201		2	13	33		2	57		307
		\$436,339,321	\$504,111,312	\$482,632,372		1,545	1,647	1,753		54,065	61,973		62,427

Notes:  
 \* Data have been compiled strictly by birth day. Eligibility rules, especially in regards to the birth month, cause some child-only services to be furnished to those who have turned 19 and vice-versa.